



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Mandell + Blau, m.d.'s	PC
Doing Business As	Buckland Hills Imaging	
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	40 Hart Street New Britain, CT 06052	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Jeffrey Blau m.d.	
Contact person's street mailing address	same as above	
Contact person's phone #, fax # and e-mail address	(860) 229-2059 Fax 224-8495	

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Replacement of existing CT equipment

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

☐ New

☒ Replacement

☐ Major Medical

☒ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

491 Buckland Rd. South Windsor

d. List all the municipalities this project is intended to serve:

Manchester, South Windsor, East Hartford

e. Estimated starting date for the project: November 05

- f. Type of project: \_\_\_\_\_ (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 650,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ <u>100,000</u>
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	<u>550,000</u>
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	\$
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	\$ <u>650,000</u>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
CT	Toshiba	Aquillon 8		550,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☒ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☒ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
- ☒ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

MANDELL & BLAU, M.D.'s, P.C.

40 HART STREET • BUILDING B  
NEW BRITAIN, CT 06052  
(860) 229-2059  
FAX # (860) 229-8495

MAMMOGRAPHY  
DIAGNOSTIC ULTRASOUND  
DIAGNOSTIC RADIOLOGY  
C.T. SCANNING

JEFFREY S. BLAU, M.D.  
LEE WALLACE, M.D.  
JEAN M. WEIGERT, M.D.  
NEAL D. BARKOFF, M.D.  
ALISA S. SIEGFELD, M.D.  
JULIE S. GERSHON, M.D.  
RICHARD GLISSON, D.O.  
HENRY JANSSEN, M.D.  
JAY DUXIN, M.D.  
KENNETH HINES, M.D.

August 10, 2005

SECTION IV.  
PROJECT DESCRIPTION

1. Currently what types of services are being provided?

Buckland Hills Imaging Center is a multi-modality radiology office operated by Mandell & Blau, M.D.'s, P.C. for over fifteen years. Mandell & Blau, M.D.'s, P.C. has been in operation for over forty years. Mandell & Blau has provided comprehensive radiologic services at the Buckland Hills Office to include plain radiography, ultrasound, CT, mammography and bone densitometry. Mandell & Blau wishes to replace its existing CT equipment.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable.

Mandell & Blau is seeking authorization to replace its existing GE single slice CT unit, which is older than ten years with a Toshiba Aquillon 8 multi-slice CAT scanner. This will be a replacement CAT scanner which will occupy the same site as the existing CAT scanner when it is removed. Mandell & Blau desires to improve the quality of the imaging services provided with a much faster high resolution CAT scanner.

DPH licensure is not required for the replacement of CAT scan equipment.

3. Who is the current population served and who is the target population to be served?

Mandell & Blau currently serves in its Buckland Hills Office, the central Connecticut area, including the towns of Manchester, South Windsor, East Hartford, Vernon and some of the smaller more outlying towns. The replacement CT equipment will serve the same patient population.

4. Identify any unmet need and how this project will fulfill that need.

The Aquillon 8 Whole Body Scanner will provide uncompromised image quality to our population with a modern high speed CT unit. It will reduce patient motion considerably and reduce radiation. With the Real Exposure Control on the Toshiba unit, we can reduce patient dose up to forty percent. In addition, we have been experiencing some down time with the CAT scan equipment because of its

age and this has interrupted our service to the community, which will be greatly enhanced with the new equipment. The new Aquillon 8 will dramatically decrease the amount of time the patient has to stay under the scanner. It will allow the radiologist to manipulate the images for more accurate diagnosis.

5. Are there any similar existing service providers in the proposed geographic area?

CT services are provided in our geographic area by Manchester Hospital. The replacement CT equipment is only replacing our existing CT scanner and we do not feel it will have any impact on any other imaging center in our geographic area.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

As mentioned in the response to Question 4, the Aquillon 8 will significantly improve our ability to deliver highly sophisticated health care to our population. It will provide much higher quality images, much faster image time, lower radiation exposure and less repeat films because of motion. With the increasing maintenance of our older CT unit, we would anticipate that we would have a continued increase in maintenance problems and delay in our ability to provide CT services if we do not replace this unit.

7. Who will be responsible for providing the service?

Mandell & Blau, M.D.'s, P.C. which is a group of board certified radiologists with extensive experience in CT would provide the services.

8. Who are the payers of this service:

Medicare	20%
Medicaid	1%
Self pay	1%
Commercial	78%

**AFFIDAVIT**

Applicant: Mandell's Blau MD's P.C.

Project Title: Replacement of existing CT equipment

I, Jeffrey Blau, CEO  
(Name) (Position – CEO or CFO)

of Mandell's Blau MD's P.C. being duly sworn, depose and state that the  
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to  
the best of my knowledge, and that Mandell's Blau complies with the appropriate and  
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486  
and/or 4-181 of the Connecticut General Statutes.

Jeffrey Blau M.D. 8/  
Signature Date

Subscribed and sworn to before me on August 11, 2005

Kathleen P. Nelson  
Notary Public/Commissioner of Superior Court

My commission expires: 9/30/2009